

O I P E
NOV 03 2003
AMENTS & TRADEMARKS CEE

AMENDMENT TRANSMITTAL LETTER		CLIENT-MATTER NO.: 66661-025 (P-IS 4548)	
SERIAL NO: 09/898,743	FILING DATE: July 3, 2001	EXAMINER: S. Chunduru	GROUP ART UNIT: 1637 CONFIRMATION NO.: 3666
INVENTION: METHODS FOR DETECTION AND QUANTIFICATION OF ANALYTES IN COMPLEX MIXTURES			

TO: MAIL STOP AF
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING BY "EXPRESS MAIL"

"EXPRESS MAIL" MAILING LABEL NUMBER: EV 401710943 US
DATE OF DEPOSIT: November 3, 2003
I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING
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"EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER
37 C.F.R. 1.10 ON THE DATE INDICATED ABOVE, AND IS
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BOX 1450, ALEXANDRIA, VA 22313-1450.

CHRISTINE M. GRACE
(TYPED OR PRINTED NAME OR PERSON MAILING PAPER OR FEE)
Christine M. Grace
(SIGNATURE OF PERSON MAILING PAPER OR FEE)

Transmitted herewith is a Response to the Office Action mailed July 1, 2003, in the above-identified application.

- Small Entity status of this application has been established under 37 CFR 1.27.
- Petition for One-Month Extension of Time is enclosed (in duplicate).
- Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is enclosed.
- No additional claims fee is required.
- An additional claims fee is required and has been calculated as shown below:

TECH CENTER 1600/2900

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CLAIMS AS AMENDED

	NUMBER AFTER AMEND- MENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	NUMBER OF EXTRA CLAIMS PRESENTED	RATE		FEE	
				SMALL ENTITY	OTHER ENTITY	SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	22	-	84	-	0	x \$9	\$18
INDEPENDENT CLAIMS	3	-	10	-	0	x \$42	\$84
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			YES	X NO	\$140	\$280	= \$0.00
						TOTAL ADDITIONAL FEE	\$0.00

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

- Please charge my Deposit Account No. 502624 the amount of \$55.00 which covers the fee for a one-month extension of time. A duplicate copy of this sheet is enclosed.